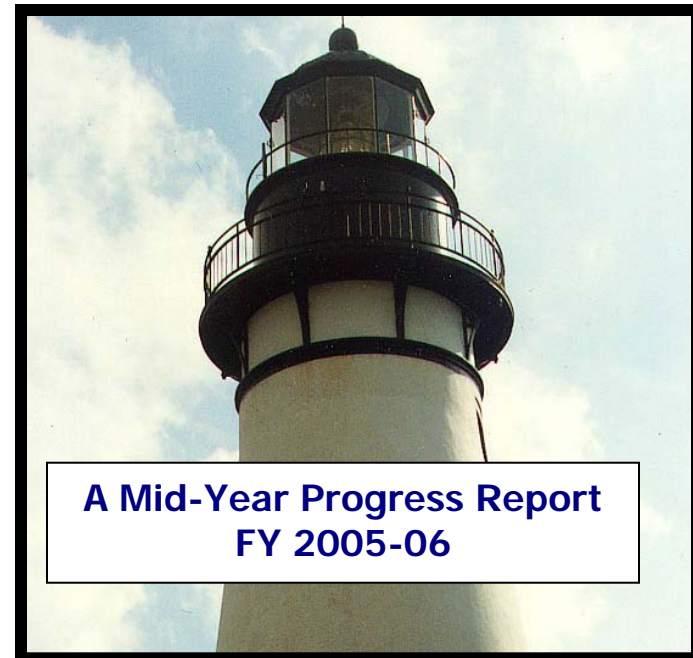


ENVISION PROGRESS

Strategy Agenda Progress Report
Health and Human Services Agency,
San Diego County



A Five Year Plan
FY 2005-10

VISION: Safe, Healthy, Thriving Communities

MISSION: To make people's lives safer, healthier and self-sufficient by managing essential services.

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BACKGROUND

Background on the Strategy Agenda

The Strategy Agenda links the Agency's goals to its daily operations. It helps the Agency to translate our mission and vision into actions and results. It helps each employee better understand how his or her contribution makes a difference. It also helps community stakeholders see how Agency actions and results contribute to overall goals.

The Strategy Agenda was developed in 2004 with input from citizen advisory committees, who helped to identify priority programs. It was further framed and refined by HHSA's executive team and focus groups engaging managers, subject matter experts and advisory committee representatives.

Why a Mid-Year Progress Report?

This is the first Progress Report on the Health and Human Services Agency's Strategy Agenda. The Agency Director has promised to continue to use the Strategy Agenda to engage community stakeholders and advisors in an ongoing dialogue about what results are valuable to them and how those results can be accomplished. During the fall of 2005, the Strategy Agenda was first presented to HHSA citizen advisory committees. Feedback was solicited as to whether or not key community priorities were sufficiently reflected, and whether or not the Result Indicators were clear and meaningful. The feedback offered by our stakeholders led to further streamlining of the Strategy Agenda. The Strategy Agenda is now comprised of only 24 key Result Indicators that capture the wide variety of programs and services the Agency offers.

A commitment was made to the advisory committees that HHSA staff would provide regular progress reports in order to enhance understanding of, and transparency regarding, Agency operations. Also, sharing our progress provides an opportunity to solicit input from stakeholders about ways in which our community partners might assist the Agency achieve better results.

KEY TO READING THE PROGRESS REPORT

This document is organized as follows:

- The **GOALS** we are seeking to achieve, as captured by the
 - *County Strategic Initiative* and *Key Agency Service Area*
- The **ACTIONS** we are taking to achieve these goals, as captured by the
 - *Mission Critical Service* and *Action Statement to the Desired Results*
- The **RESULTS** we are seeking, as captured by the
 - *Result Indicator* and the corresponding *Program and/or Region Measures(s)*

COUNTY STRATEGIC INITIATIVE (*GOALS*)





Key Agency Service Area (*Goals*)

MISSION CRITICAL SERVICE (*ACTIONS*)

Action Statement to Get to Desired Result (*Actions*)

#Number Result Indicator (*Results*)

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Agency Program or Region Measure (that corresponds with Result Indicator)						

Result Mid-Year	What Symbol Means	What Does Symbol Say about HHSA Performance?
	100% of target or above	Excellent: At, or better than, expected levels of performance
	Less than (<) 100% of target but greater than or equal to (≥) 75% of target	Caution: Below expected levels of performance
	Below 75% of target	Concern: Significantly below expected levels of performance
	Data currently not available	

* End-Year Result for 2005-06 is a projected result.

** "NA" indicates target is "Not Applicable" because measure will be discontinued. However, in some cases, an alternative measure will be used next fiscal year that better reflects priorities in the Strategy Agenda.

Prepared by the Strategic Planning & Operational Support Division



IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient


PREVENTION

Provide information and intervention services that increase children's safety, health and well-being

1. Completion of recommended number of prenatal visits by patients

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Expectant mothers visited by Public Health Nurses through delivery, completed recommended number of prenatal care visits.	65%	92% 	88%	89%		
Children served by Nurse-Family Partnership program born with normal birth weight.	95%	Annual data 	92.5%	93%		



2. Children's immunizations

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Children age 24 months who are fully immunized and served by the regional Public Health Centers.	85%	91% (last year) 	89%	90%		

3. Children receiving recommended number of well child visits

Measures being developed and results will be reported in FY 06-07

4. Children and youth prepared to transition to adulthood

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Foster youth in 12 th grade who achieved high school completion.	77%	76.3% (last year) 	77%	78%		
Adolescents successfully discharged from alcohol and drug programs that are enrolled in school or completed high school or equivalent.	75%	65.9% 	75%	76%		

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Prepared by the Strategic Planning & Operational Support Division



IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient





ACCESS TO CARE

Provide outreach, enrollment and retention services to help children become thriving, self-sufficient adults

5. Enrollment of children in Healthy Families and Medi-Cal to enhance access to medical and dental services

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Children enrolled in Medi-Cal and Healthy Families by year end.	2%	0.1% 	.4%	2%		
Healthy Families and Medi-Cal applications distributed to appropriate regions within 15 days	98%	100% 	100%	98% w/in 10 days		

6. Average wait times across systems (children & families)

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Average system-wide wait time for children and youth to be assessed by a mental health professional and referred to outpatient treatment.	7 days or less	3.4 days 	4 days	5 days		
Child Protective Services referrals responded to timely.	94.4%	96.2% 	96%	94.4%		
Children on wait list for California Children's Services Medical Therapy Program.	3% or less	0.0% 	3%	3%		
Children on wait list for California Children's Services Occupational Therapy Program	3% or less	0.8% 	3%	3%		

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IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient



PROTECTION

Provide services that protect children and families from dangerous conditions



7. Children who are protected from abuse and neglect

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Children with a second finding of abuse or neglect within 12 months of first finding.	14.6% or less	12.2% 	12.2%	NA		

8. Children served who have permanency and stability in their living situations

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Children in foster care for less than 12 months with fewer than 3 placements	76.6%	80.8% 	80%	80%		
Children placed in adoptive homes in order to advance permanency for foster children	620 (310 by mid-year)	399 	626	630		

9. Rate of re-entry of children and youth into the system

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Youth receiving juvenile diversion services who do not enter or re-enter the juvenile justice system for at least 6 months after their case closing date	80%	New contract; results before end of fiscal year	80%	80%		
Youth participating in the Critical Hours after-school program who do not enter or re-enter the juvenile justice system	80%	93.6% 	85%	80%		
Families receiving Domestic Violence Services who will not have a recurrence of domestic violence reported to law enforcement	70%	80.3% 	79%	NA		

* End-Year Result for 2005-06 is a projected result.

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IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient

TREATMENT AND CARE

Provide quality treatment and care to improve physical, mental health and reduce dependency on public resources

10. Percentage of children or families maintaining or improving from intake to re-assessment or discharge

	Target 2005-06	Result Mid-Year 	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
Adolescents in alcohol and drug treatment for more than 30 days who show progress or complete treatment	55%	73.6% 	74%	55% for treatment completion		
Children with cerebral palsy assessed for severity of impairment	50% (25% by mid-year)	31.3% 	50%	NA		
CalWORKs participants and their families who exit and remain off cash aid for six continuous months	90%	88.1% 	90%	90%		
Residential placement avoided for children and youth served in the Children's Mental Health Services (CMHS) Initiative	95%	99% 	99%	NA		

* End-Year Result for 2005-06 is a projected result.

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PROMOTING SAFE & LIVABLE COMMUNITIES

Protect the Public's Health


PREVENTION OF ADVERSE HEALTH RISKS

Provide education, information and other prevention services to prevent disease and injury and improve community health


11. Reduction in the burden of chronic disease

Measures being developed and results will be reported in FY 06-07

12. Reduction in the spread of infectious disease

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Contacts to infectious Tuberculosis (TB) evaluated according to the Centers for Disease Control and Prevention standards, to prevent spread of communicable disease in the community	90%	88.0% 	88%	NA		

13. Reduction in intentional and unintentional injuries

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Reduction in injuries and deaths among youths involved in alcohol-related motor vehicle crashes in 2005 compared to same time 2004	5%	20.6% 	5%	5%		

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Prepared by the Strategic Planning & Operational Support Division


PROMOTING SAFE & LIVABLE COMMUNITIES

Protect the Public's Health


SURVEILLANCE, INVESTIGATION & RESPONSE

Monitor, identify and investigate health-related events and behavior, and respond to reduce disease, disability and death

14. Time between diagnosis and reporting by medical providers for selected reportable diseases

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
# Community healthcare providers enrolled and trained on the County's new web-based disease reporting system to enhance surveillance, investigation and response capacity	100	11 	50	NA		

15. Mandatory response time for selected reportable diseases and newly emerging public health threats

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Cases of selected reportable diseases (hepatitis A, meningococcal disease and E. coli) that Epidemiology staff contact and initiate investigations within 24 hours	96%	100% 	96%	97%		

* End-Year Result for 2005-06 is a projected result.

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PROMOTING SAFE & LIVABLE COMMUNITIES

Protect the Public's Health



EMERGENCY PREPAREDNESS & RESPONSE

Prepare the community to respond to and recover from medical disasters and health events

16. Readiness to respond and mobilize in a disaster

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
# Drills or exercises with community partners and public health staff to evaluate the County's level of preparedness for public health hazards	3	2 	5	5		

17. Speed of public message deployment

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Available Public Health Services staff confirming receipt of a medium Emergency Medical Alert Network (EMAN) alert within 24 hours from the time the alert was issued during 2 emergency response drills	90%	95.6% 	90%	NA		
# Emergency response drills conducted for community public health information officers by Agency Office of Media and Public Affairs staff	4	2 	4	NA		

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PROMOTING SAFE & LIVABLE COMMUNITIES

Keep Vulnerable Adults Safe, Healthy & Self-Sufficient



ACCESS

Educate and link vulnerable adults to services to ensure they are safe, healthy and self-sufficient



18. Vulnerable adults provided assistance with accessing services

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Medi-Cal Managed Care clients who enroll each month who choose a health plan at time of enrollment	80%	75.9% 	80%	90%		
% Callers to the Domestic Violence Hotline referred to appropriate resources, including shelter and legal assistance	90%	100% 	100%	NA		
% Information & Referrals calls through AIS Call Center where clients needs are identified and tracked	4,500 (2,250 by mid-year)	2,717 	4,500	NA		

19. Receipt of sustainable financial support by eligible adults (e.g. Food Stamps, SSI, Veterans Benefits)

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Approval of claims submitted by Veterans' Services for benefits	82%	86.3% 	85%	86%		
% General Relief and Cash Assistance Program for Immigrants (CAPI) clients, who completed the Supplemental Security Income (SSI) application process through the Advocacy Program, obtain SSI, in order to promote self-sufficiency	90%	90.7% 	90%	91%		

20. Average wait times across systems

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
# Days system-wide average wait time for adults to be provided an outpatient mental health assessment	10 days or less	7.6 days 	8 days	8 days		
% Face-to-face Adult Protective Services investigations within 10 days of referrals	94%	95.6% 	95%	95%		

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PROMOTING SAFE & LIVABLE COMMUNITIES

Keep Vulnerable Adults Safe, Healthy & Self-Sufficient



PREVENTION & PROTECTION

Provide prevention and protective services to maximize health, safety and independence

21. Increase in adults receiving prevention services

Measures being developed and results will be reported in FY 06-07

22. Re-entry of adults into the system

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Adult Protective Services cases were not re-referred within six months of case closing, indicating that the needs of these clients were met	89%	90.4% 	90%	89%		
# Readmissions within 30 days of adult patients discharged from psychiatric hospitalization	1,125 or less (612 or less by mid-year)	563 	1,125	NA		


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TREATMENT & CARE

Provide quality treatment and care to adults so they can live safely and as self-sufficiently as possible in their communities

23. Adults maintaining or improving from intake to re-assessment or discharge

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Adults in alcohol and drug treatment for more than 30 days who show progress or complete treatment	55%	71.6% 	74%	55% for treatment completion		

24. Participation in employment, education and other productive activities among adults receiving services from the Agency

	Target 2005-06	Result Mid-Year	Result End-Year*	Target 2006-07**	Result Mid-Year	Result End-Year
% Adults successfully discharged from alcohol and drug treatment who are employed or have initiated employment preparation activities by the date of discharge	85%	67.7% 	65%	65%		

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Prepared by the Strategic Planning & Operational Support Division


PERFORMANCE CONCERNS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient

ACCESS TO CARE

Provide outreach, enrollment and retention services to help children become thriving, self-sufficient adults

5. Enrollment of children in Healthy Families and Medi-Cal to enhance access to medical and dental services


	Target 2005-06	Result Mid-Year	What We're Doing About It
Children enrolled in Medi-Cal and Healthy Families by year end.	2%	0.1% 	As of November 2005, 234,029 children are enrolled in Medi-Cal and Healthy Families – an additional 234 children above the baseline (233,795 in June 2005). The net change in enrollment is only 0.1%, compared to the FY05-06 target for a 2% increase in children enrolled by year-end. As a result, the Agency now anticipates enrolling 1,000 children by year-end as opposed to the original goal of enrolling 4,675 children. Contributing factors to the decline in enrollment include an increase in client premiums effective July 2005, non-payment of premiums, and failure of families to complete applications for enrollment or meet requirements for re-enrollment. A number of strategies have been taken, such as: conducting a children's health coverage gap analysis by zip code to identify the underserved populations; implementing an automatic computer referral process from Family Resource Centers to San Diego Kids Health Assurance Network (SD-KHAN) to link families to healthcare coverage options; and piloting the Family Resource Center HELP TEAM to help retain Medi-Cal customers during the annual re-determination process.

Protect the Public's Health

SURVEILLANCE, INVESTIGATION & RESPONSE

Monitor, identify and investigate health-related events and behavior, and respond to reduce disease, disability and death

14. Time between diagnosis and reporting by medical providers for selected reportable diseases

	Target 2005-06	Result Mid-Year	What We're Doing About It
# Community healthcare providers enrolled and trained on the County's new web-based disease reporting system to enhance surveillance, investigation and response capacity	100	11 	As of the 2 nd Quarter of FY2005-06, 11 providers have been trained. Community Epidemiology has finalized presentation materials to be used in connection with a Web vCMR (virtual case management reporting) system demonstration for the purpose of orienting and enrolling providers. Teams of Communicable Disease Investigators and Public Health Nurses have been assigned as trainers and are developing plans to enroll facilities based on type (hospital, clinic, and private medical doctor) as well as geographic location. A web-based tutorial is also in the last stages of development. However, technology problems have contributed to delays in rolling out the training. As a result, Community Epidemiology projects that it will be able to enroll and train only 50 community health providers by the end of the fiscal year, falling short of its target of 100 providers.

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